BEVERLY HEALTH/REHABILITATION SUPERIOR

1612 NORTH 37TH STREET

SUPERIOR 54880 Phone: (715) 392-5144 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 114 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents		Length of Stay (12/31/02) %						
Home Health Care Supp. Home Care-Personal Care	No     No	Primary Diagnosis	%	Age Groups	90	Less Than 1 Year		
Supp. Home Care-Household Services	No	Developmental Disabilities	5.0	Under 65	10.0	More Than 4 Years	17.5	
Day Services	No	Mental Illness (Org./Psy)	41.3	65 - 74	11.3	I		
Respite Care	Yes	Mental Illness (Other)	10.0	75 - 84	30.0	I	100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	1.3	85 - 94	43.8	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.5			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.8		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	11.3	65 & Over	90.0			
Transportation	Yes	Cerebrovascular	11.3			RNs	13.8	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	5.4	
Other Services	Yes	Respiratory	3.8			Nursing Assistants,		
Provide Day Programming for	- 1	Other Medical Conditions	10.0	Male	18.8	Aides, & Orderlies	40.1	
Mentally Ill	No			Female	81.3	1		
Provide Day Programming for	- 1		100.0			I		
Developmentally Disabled	Yes				100.0	1		

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care		I	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	οļο	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	oo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	1	1.8	120	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Skilled Care	12	100.0	198	50	89.3	103	1	100.0	115	9	100.0	151	0	0.0	0	2	100.0	103	74	92.5
Intermediate				4	7.1	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	5.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.8	152	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		56	100.0		1	100.0		9	100.0		0	0.0		2	100.0		80	100.0

BEVERLY HEALTH/REHABILITATION SUPERIOR

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12	/31/02
Deaths During Reporting Period	1						
	1			9	% Needing		Total
Percent Admissions from:		Activities of	용	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	7.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.8	Bathing	5.0		53.8	41.3	80
Other Nursing Homes	7.7	Dressing	11.3		51.3	37.5	80
Acute Care Hospitals	80.3	Transferring	18.8		47.5	33.8	80
Psych. HospMR/DD Facilities	0.0	Toilet Use	12.5		50.0	37.5	80
Rehabilitation Hospitals	0.7	Eating	70.0		17.5	12.5	80
Other Locations	0.7	******	*****	*****	*****	******	*****
Total Number of Admissions	142	Continence		%	Special Treat	ments	8
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	2.5		espiratory Care	7.5
Private Home/No Home Health	27.5	Occ/Freq. Incontinent	t of Bladder	76.3	Receiving T	racheostomy Care	1.3
Private Home/With Home Health	28.2	Occ/Freq. Incontinent	t of Bowel	60.0	Receiving St	ıctioning	0.0
Other Nursing Homes	2.8				Receiving Os	stomy Care	1.3
Acute Care Hospitals	11.3	Mobility			Receiving T	abe Feeding	2.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	1.3	Receiving Me	echanically Altered Diet	s 17.5
Rehabilitation Hospitals	1.4						
Other Locations	7.7	Skin Care			Other Resident	t Characteristics	
Deaths	21.1	With Pressure Sores		0.0	Have Advance	e Directives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	142				Receiving Pa	sychoactive Drugs	15.0

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary Facility Peer Group		100	-199	Ski	lled	Al	1		
	Facility			Peer	Group	Peer Group		Facilities			
	%	olo	Ratio	%	Ratio	용	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	73.6	84.7	0.87	85.7	0.86	85.3	0.86	85.1	0.86		
Current Residents from In-County	92.5	81.6	1.13	81.9	1.13	81.5	1.14	76.6	1.21		
Admissions from In-County, Still Residing	20.4	17.8	1.15	20.1	1.02	20.4	1.00	20.3	1.01		
Admissions/Average Daily Census	167.1	184.4	0.91	162.5	1.03	146.1	1.14	133.4	1.25		
Discharges/Average Daily Census	167.1	183.9	0.91	161.6	1.03	147.5	1.13	135.3	1.23		
Discharges To Private Residence/Average Daily Census	92.9	84.7	1.10	70.3	1.32	63.3	1.47	56.6	1.64		
Residents Receiving Skilled Care	93.8	93.2	1.01	93.4	1.00	92.4	1.01	86.3	1.09		
Residents Aged 65 and Older	90.0	92.7	0.97	91.9	0.98	92.0	0.98	87.7	1.03		
Title 19 (Medicaid) Funded Residents	70.0	62.8	1.11	63.8	1.10	63.6	1.10	67.5	1.04		
Private Pay Funded Residents	11.3	21.6	0.52	22.1	0.51	24.0	0.47	21.0	0.53		
Developmentally Disabled Residents	5.0	0.8	6.27	0.9	5.45	1.2	4.23	7.1	0.70		
Mentally Ill Residents	51.3	29.3	1.75	37.0	1.38	36.2	1.42	33.3	1.54		
General Medical Service Residents	10.0	24.7	0.40	21.0	0.48	22.5	0.44	20.5	0.49		
Impaired ADL (Mean)	54.8	48.5	1.13	49.2	1.11	49.3	1.11	49.3	1.11		
Psychological Problems	15.0	52.3	0.29	53.2	0.28	54.7	0.27	54.0	0.28		
Nursing Care Required (Mean)	3.8	6.8	0.55	6.9	0.54	6.7	0.56	7.2	0.52		